


**COVER PAGE**

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER		
Genest	Michael	C			
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
State Capitol, Room 1145		Sacramento	CA	95814	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Department of Finance

Division, Board, District, if applicable:

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: Various

Position: Designee

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

**-or-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2008.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

**-or-**

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*

**-or-**

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

March 18, 2009

Signature

# SCHEDULE D Income - Gifts

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF SOURCE

CalChamber

ADDRESS

1215 K Street, Suite 1400, Sacramento, CA, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Business Advocate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 14 / 08	\$ 56.39	Luncheon
12 / 17 / 08	\$ 22.20	Lunch
/ /	\$	

NAME OF SOURCE

Governor Arnold Schwarzenegger

ADDRESS

State Capitol, Sacramento, CA, 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 08	\$ 34.00	Popcorn Tin
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: